

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application Class E Certificate

Jamie Boris DBA Gentle Movers CORP

Fedex: LOD

SA/GRS

Date: 9/19/08

Time: 3:00

(Please type or print)

Submitted by: Jamie Boris

Address: 2222 Ashley River rd 7-N
Charleston SC 29407

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-361-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Telephone: 843-266-8946

Fax: _____

Other: _____

Email: gentlemovers@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

ps
RECEIVED

SEP 22 2008

PSC SC
DOCKETING DEPT

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)**

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG)DATE 9-11-08, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Janie Boris D.B.A Gentle movers

2. (a) Street Address of Applicant 2222 Ashley River rd unit 7-n
Charleston SC 29407

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-266-8946 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. Dorchester county, Berkeley county, Charleston county
7. The proposed list of equipment is as per Exhibit "D" included herewith.
Purchase upon Approval
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only X (b) Interstate Only _____
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of household goods in another state? Yes _____ No X (Check one).
If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?
Yes _____ No X (Check one)
If yes, list dates and nature of convictions below.

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes _____ No X (Check one).
If yes, list dates and reason for revocation below.

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: 09 Year: 08

Assets:	
Cash	16,000 ⁰⁰
Receivables	4,000 ⁰⁰
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	9,000 ⁰⁰
Garage Equipment-Net	0
Machinery and Tools-Net	900 ⁰⁰
Supplies on Hand	500 ⁰⁰
Prepays and Other Assets	0
Total Assets	29,400 ⁰⁰
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	700 ⁰⁰ month
Equipment Obligations	800 ⁰⁰ month
Accrued Salaries and Wages	2000 ⁰⁰ month
Other Accrued Obligations	0
Other Liabilities	ins 1000 ⁰⁰
Total Liabilities	4500 ⁰⁰
Capital Stock	0
Retained Earnings	10,000
Total Equity	10,000 ⁰⁰
Total Liabilities and Equity	4000 ⁰⁰

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF _____

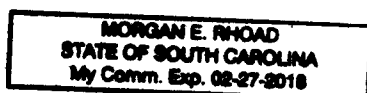
I, Janie Boris, owner
(Name of Applicant's Representative) (Title)
of Greene movers, the Applicant for the Certificate of Public Convenience and Necessity as
(Applicant)
set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 1643B Savannah Hwy
This the 16 day of Sept. 2008

[Signature]
(Notary Public)
Commission Expires: 2/27/2018

[Signature]
(Signature of Applicant's Representative)



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SC 29211

Jamie Boris D.B.A Gentle Movers
(APPLICANT)

2222 Ashley river rd suite N-7 Ches SC 29407
(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

2 men @ 72⁵⁰ per hr

3 men @ 92⁵⁰ per hr

4 men @ 92⁵⁰ per hr

5 men @ 102⁵⁰ per hr

Travel will be 1 hr of rate for fuel surcharge.

Stairs Charge - 25⁰⁰ per flight or 8 stairs

Long carry - 50⁰⁰ per 100 ft

Elevator - 25⁰⁰

Upright Piano 100⁰⁰

Baby Grand 300⁰⁰

1 piece of furniture (Bed/Mattress) Exercise equipment 100⁰⁰

Storage in truck Overnite 125⁰⁰ per night.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649
Columbia, South Carolina 29211

Jamie Boris D.B.A Gentle movers

(Name)

2222 Ashley river rd Suite 7-N Charleston SC 29407

(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail)

Dorchester county

Charleston county

Berkeley county

Jamie Boris D.B.A Gentle movers
(Applicant)

Date: 9-11-08

Jamie Boris
By

Owner
Title

INSURANCE QUOTE

The following insurance quote is for:

Gentle Movers

(Name of Motor Carrier)

2222 Ashley River Rd 7-N Charleston SC 29407

(Address of Motor Carrier)

Amount of Premium:

Limits Quoted (See Below):

Liability Insurance \$ 3,594

Limits 750,000

Cargo Insurance \$ 465⁰⁰

Limits 10,000

*** Attach Certificates of Insurance if available.**

Progressive Insurance phone # 1-800-895-2726 - E

(Insurance Company Name)

PO Box 94739 Cleveland OH 44101

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-16-2008

Date

Jean King

(Authorized Insurance Company Representative)

***Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). Transportation regulations are accessible on the ORS website (www.regulatorystaff.sc.gov). The schedule of minimum insurance limits for Household Goods carriers are listed below:**

Vehicle Liability for vehicles less than 10,000 lbs. GVWR - \$500,000 per incident

Vehicle Liability for vehicles 10,000 lbs. or more GVWR - \$750,000 per incident

Cargo - For loss of or damage to property carried on any one motor vehicle - \$2,500

For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place - \$5,000

Rev 5/07

Sept 12, 2008

To Whom It May Concern,

This is an Estimate in regards to the 2 1998 GMC Top-Kicks 24' moving trucks which I am selling to Mr. Jamie Boris upon approval of his license.

The two said trucks are \$5500 each. Both are Automatic, diesel trucks.

I can be reached at
803-360-3872.

Sincerely

Carol Haug

EXHIBIT FWA

Name: Gentle Movers DBA Jane Boms

Address: 2222 Ashley River Rd Apt 7-N

Telephone No. 813-266-8146 **Fax No.** _____

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No X
(If "yes", indicate nature of judgement(s).)


4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

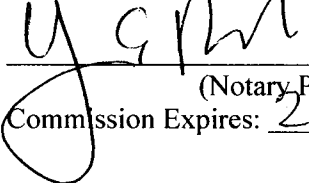
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

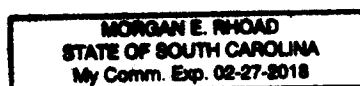
At 1643B Sav. Hwy.

This 16 day of Sept, 2018



(Notary Public)

Commission Expires: 2/27/2018



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Janie Boris
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Janie Boris, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Janie Boris
Signature of Applicant
(Not Legal Representative)

Sworn to before me
at Walterboro, South Carolina
this 16 day of Sept 2008
[Signature]
Notary Public

